



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2020:33

Reporting for the week ending 08/15/20 (MMWR Week #33)

August 21st, 2020

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts

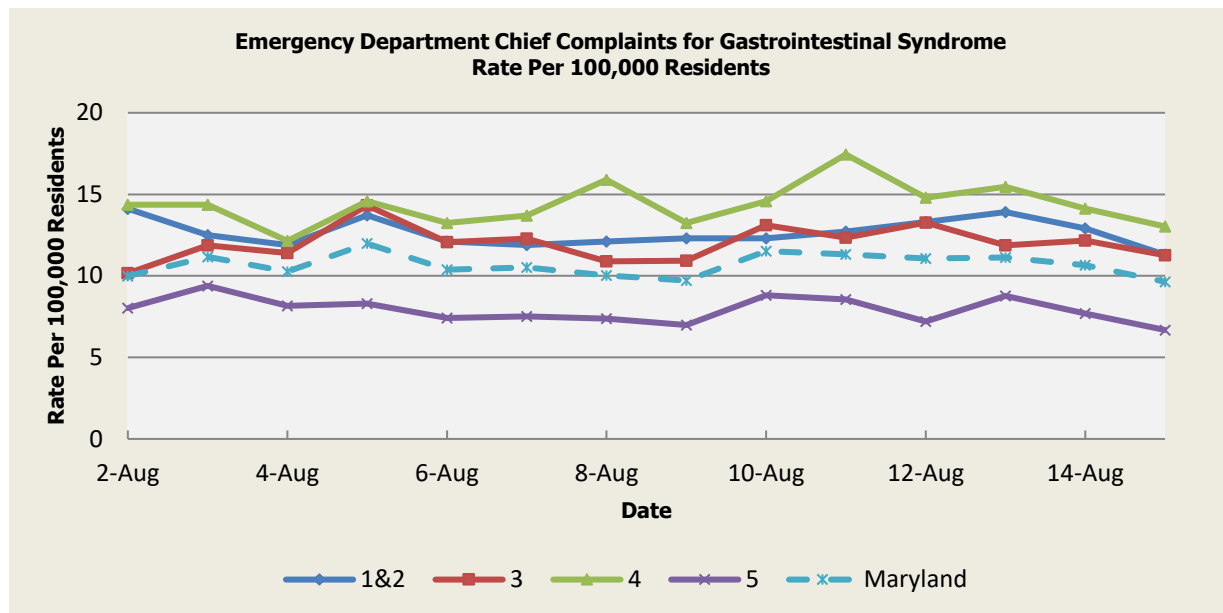
Maryland: **ENHANCED** (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

(report continues on next page)

Gastrointestinal Syndrome



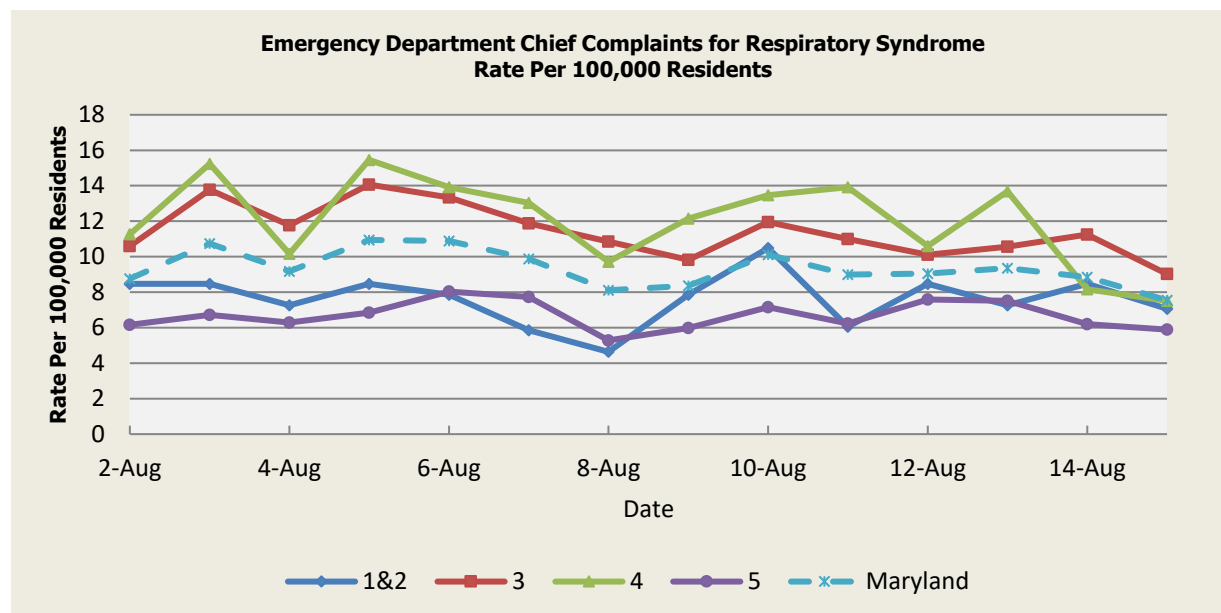
There were two (2) Gastrointestinal Syndrome outbreaks reported this week, one (1) outbreak of Ciguatera Fish Poisoning in a Private Home (Region 5), one (1) outbreak of Gastroenteritis / Foodborne associated with a Party (Region 3).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.25	14.93	15.86	10.19	13.04
Median Rate*	13.11	14.80	15.46	10.13	12.98

* Per 100,000 Residents

(report continues on next page)

Respiratory Syndrome



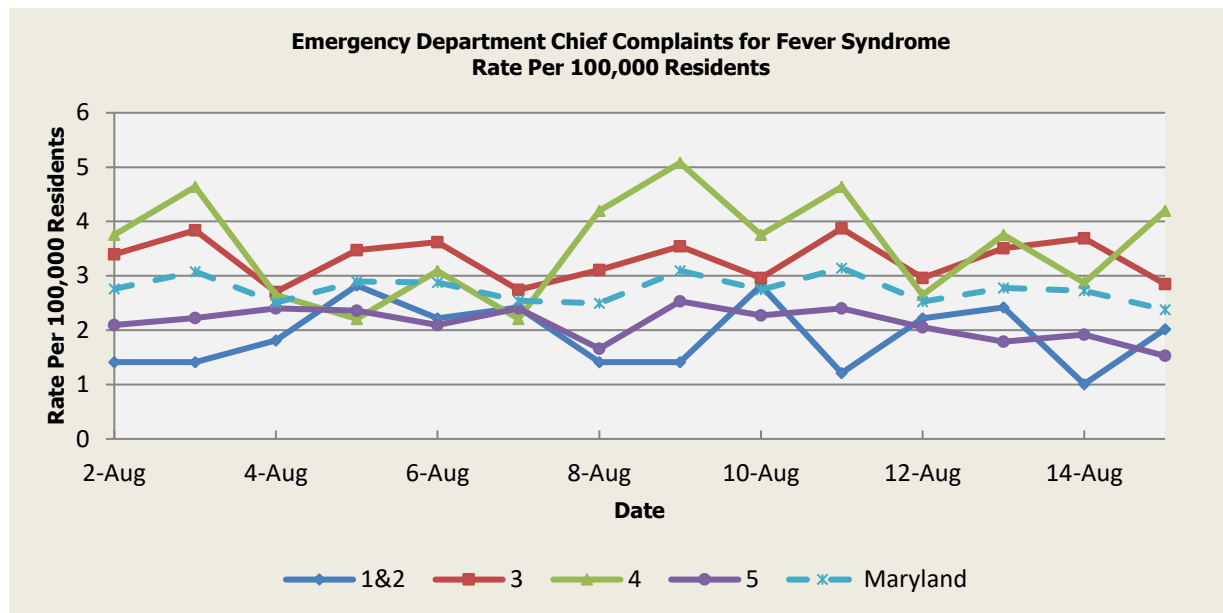
There were sixty two (62) Respiratory Syndrome outbreaks reported this week: nine (9) outbreaks of COVID-19 in Assisted Living Facilities (Regions 1&2,3,5), one (1) outbreak of COVID-19 in a Residential Program for Children (Regions 1&2), one (1) outbreak of COVID-19 in a Religious Organization (Region 5), two (2) outbreaks of COVID-19 in Correctional Facilities (Regions 4,5), one (1) outbreak of COVID-19 in a Crisis Intervention Center (Region 3), one (1) outbreak of COVID-19 in a Day Program (Region 3), one (1) outbreak of COVID-19 in a Dialysis Center (Region 5), twenty-seven (27) outbreaks of COVID-19 in Group Homes (Regions 1&2,3,5), three (3) outbreaks of COVID-19 in Hospitals (Region 3), nine (9) outbreaks of COVID-19 in Nursing Homes (Regions 1&2,3,4,5), one (1) outbreak of COVID-19 associated with a Private Home (Regions 1&2,3,5), one (1) outbreak of COVID-19 in a Residential Rehabilitation Group Home (Region 5), one (1) outbreak of COVID-19 in a Substance Abuse Treatment program (Region 3), one (1) outbreak of COVID-19 in a Therapeutic Residential Treatment Program (Region 3), three (3) outbreaks of COVID-19 in Workplaces (Regions 3,4)

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.52	14.84	15.19	10.06	12.84
Median Rate*	12.10	14.19	14.35	9.65	12.30

* Per 100,000 Residents

(report continues on next page)

Fever Syndrome



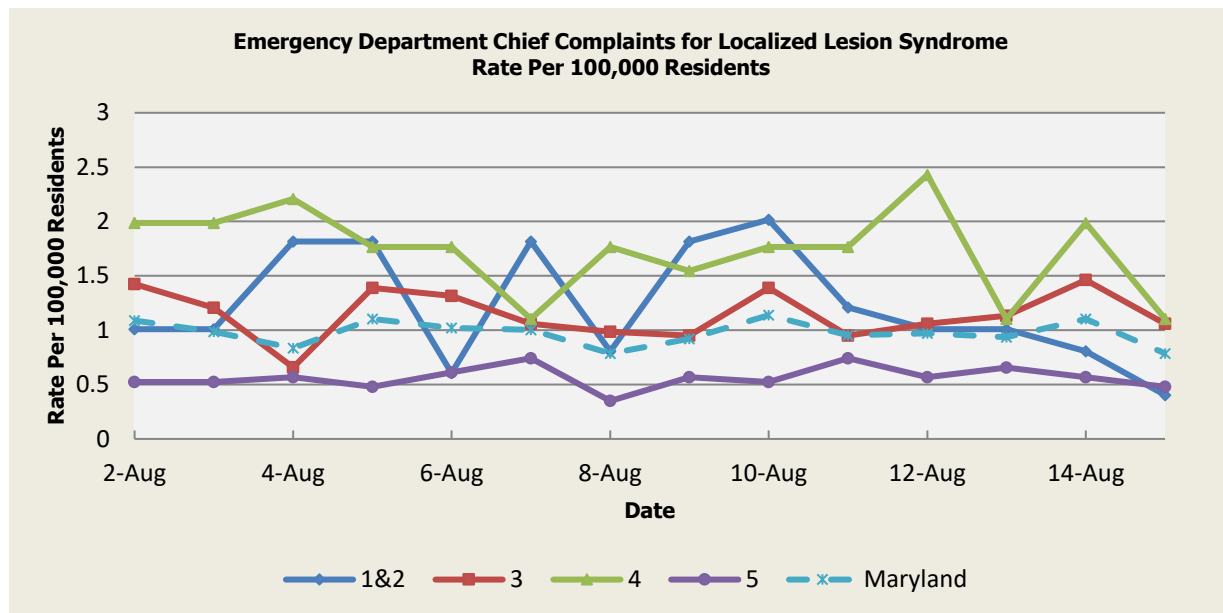
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.08	3.92	4.15	3.05	3.53
Median Rate*	3.02	3.80	3.97	2.92	3.40

**Per 100,000 Residents*

(report continues on next page)

Localized Lesion Syndrome



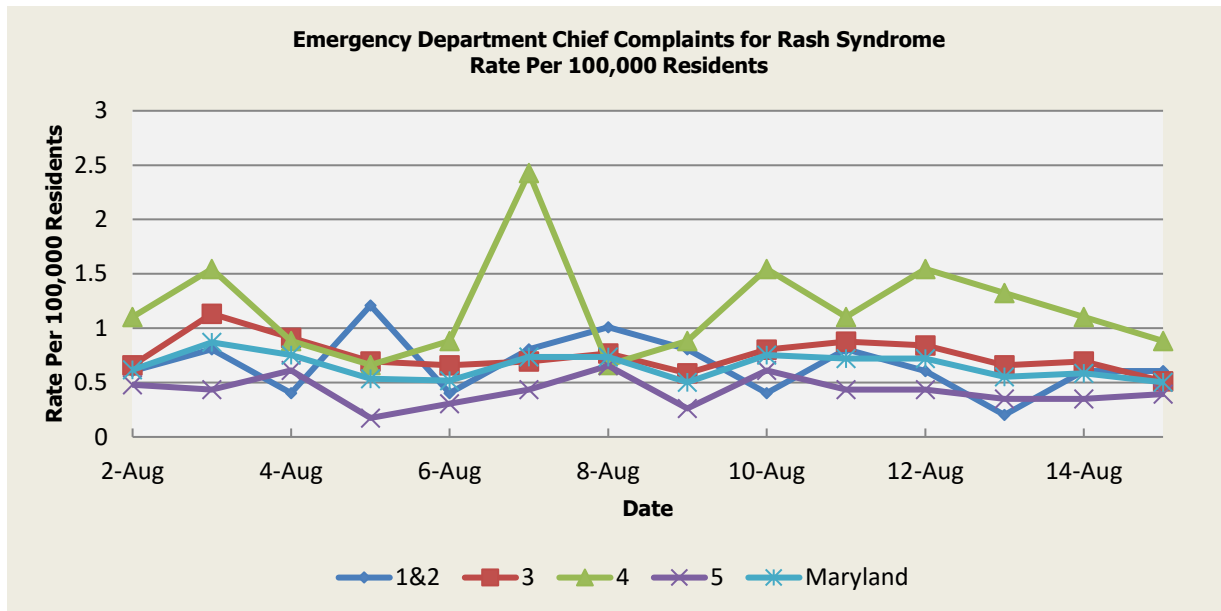
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.16	1.73	2.00	0.88	1.38
Median Rate*	1.01	1.68	1.99	0.83	1.32

* Per 100,000 Residents

(report continues on next page)

Rash Syndrome



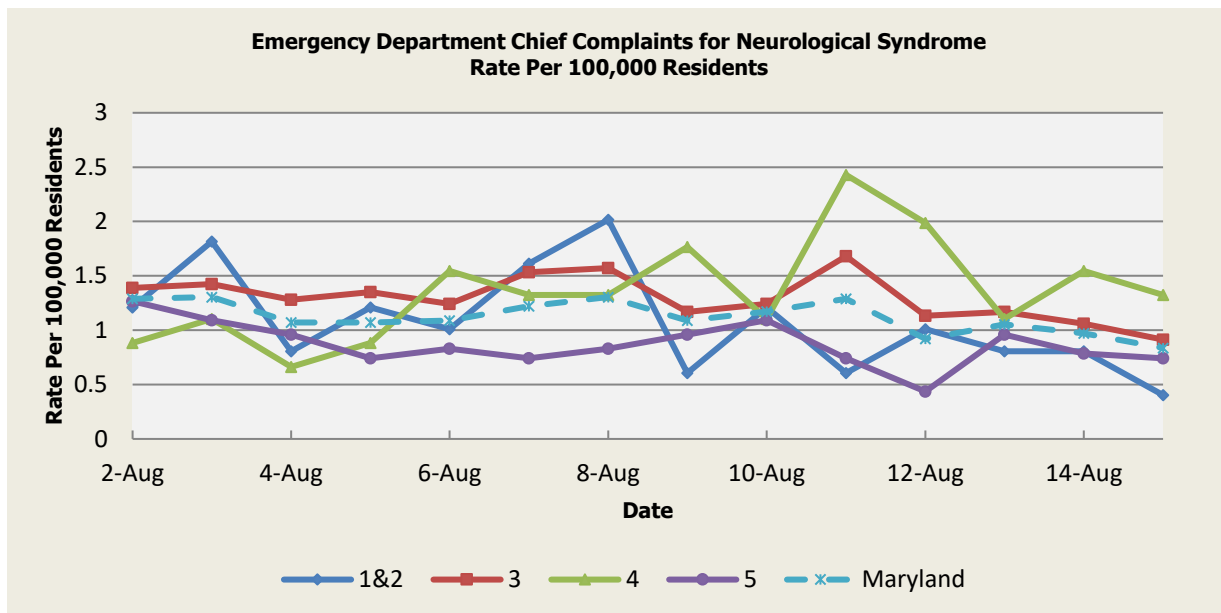
There were no Rash Syndrome outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.22	1.62	1.71	0.94	1.33
Median Rate*	1.21	1.57	1.55	0.92	1.29

* Per 100,000 Residents

(report continues on next page)

Neurological Syndrome



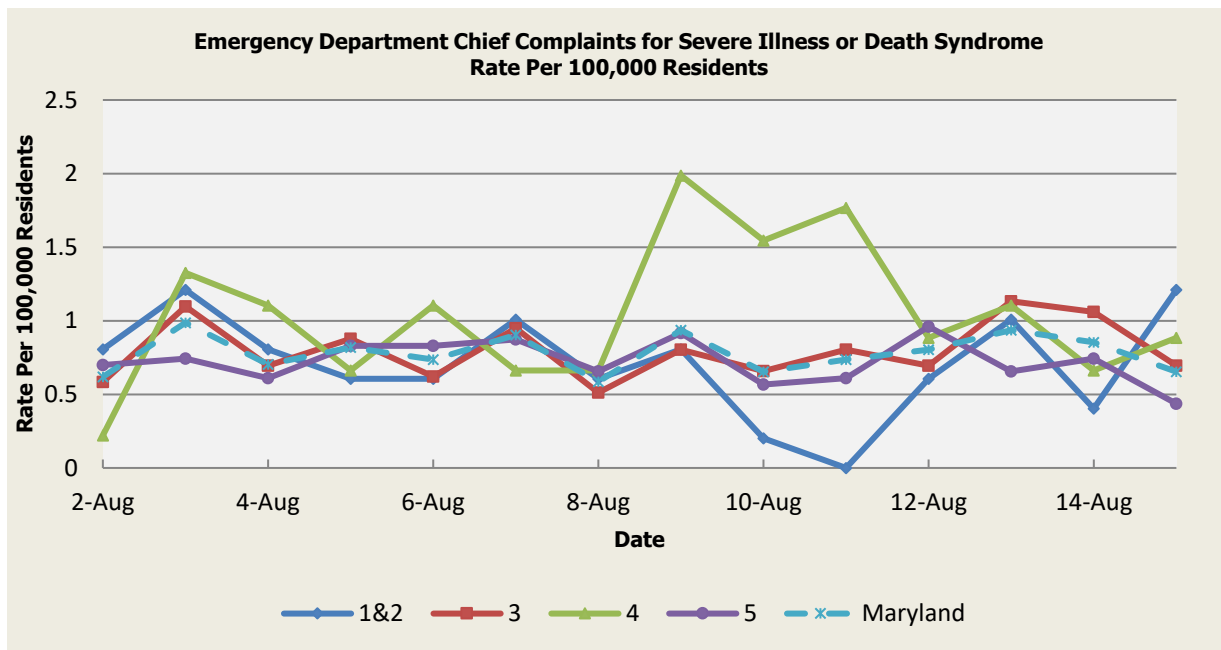
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.81	1.00	0.92	0.64	0.84
Median Rate*	0.81	0.95	0.88	0.57	0.79

* Per 100,000 Residents

(report continues on next page)

Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

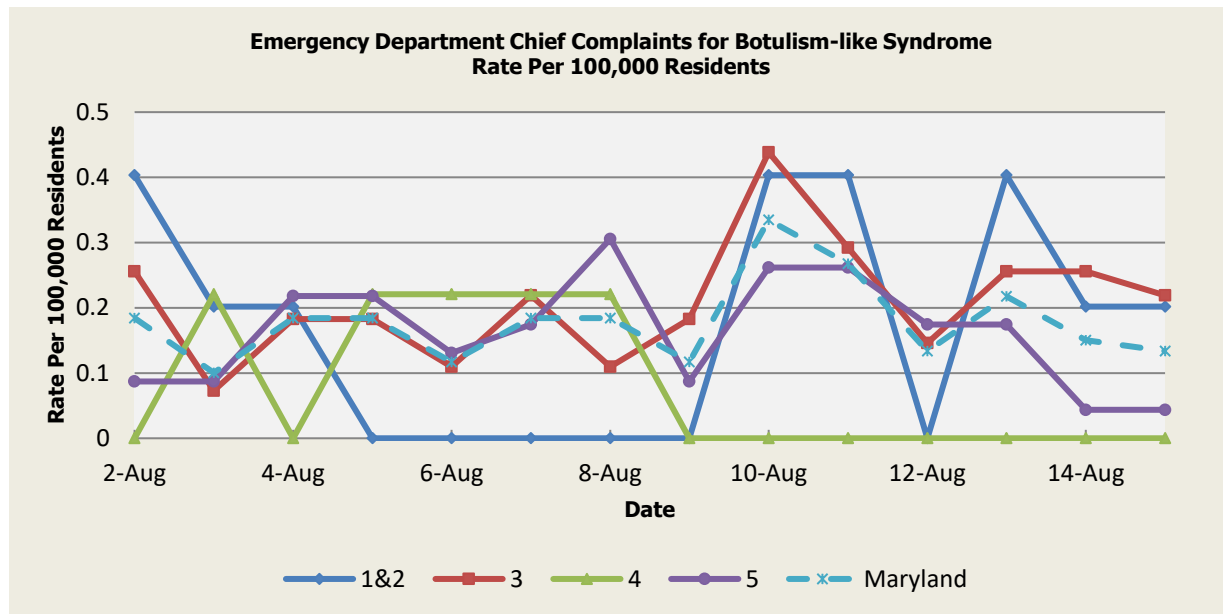
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.65	0.88	0.84	0.54	0.73
Median Rate*	0.60	0.84	0.88	0.48	0.70

* Per 100,000 Residents

(report continues on next page)

SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



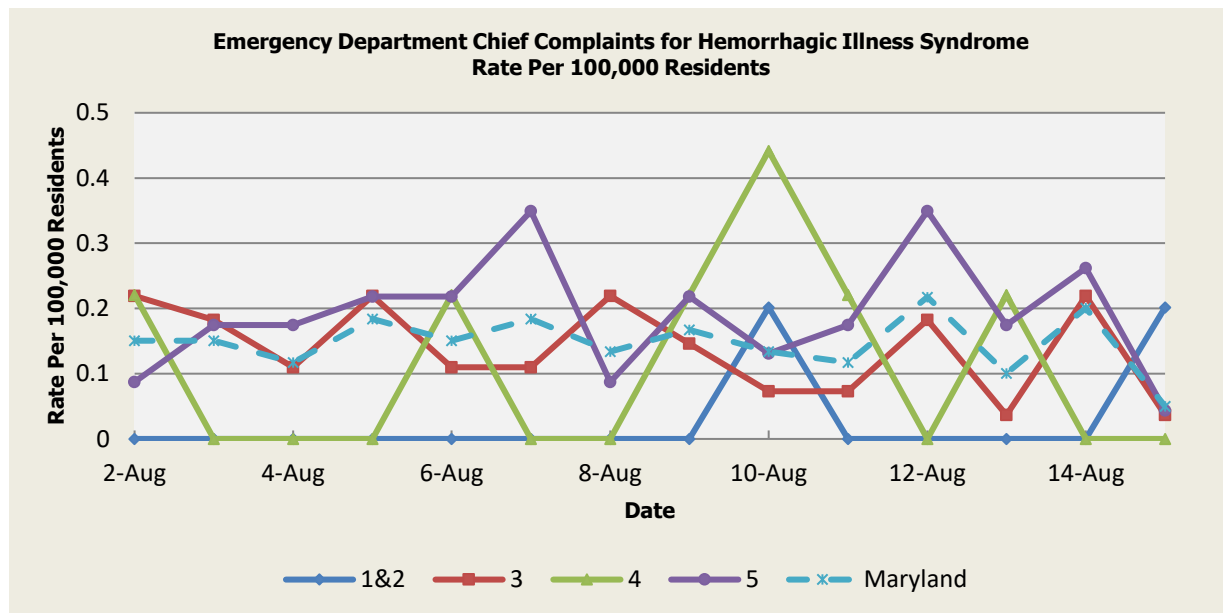
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on, 8/2 (Regions 1&2), 8/3 (Regions 1&2,4), 8/4 (Regions 1&2,5), 8/5 (Regions 4,5), 8/6 (Region 4), 8/7 (Region 4), 8/8 (Regions 4,5), 8/10 (Regions 1&2,3,5), 8/11 (Regions 1&2,3,5), 8/13 (Regions 1&2), 8/14 (Regions 1&2), 8/15 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.13	0.06	0.09	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

* Per 100,000 Residents

(report continues on next page)

Hemorrhagic Illness Syndrome



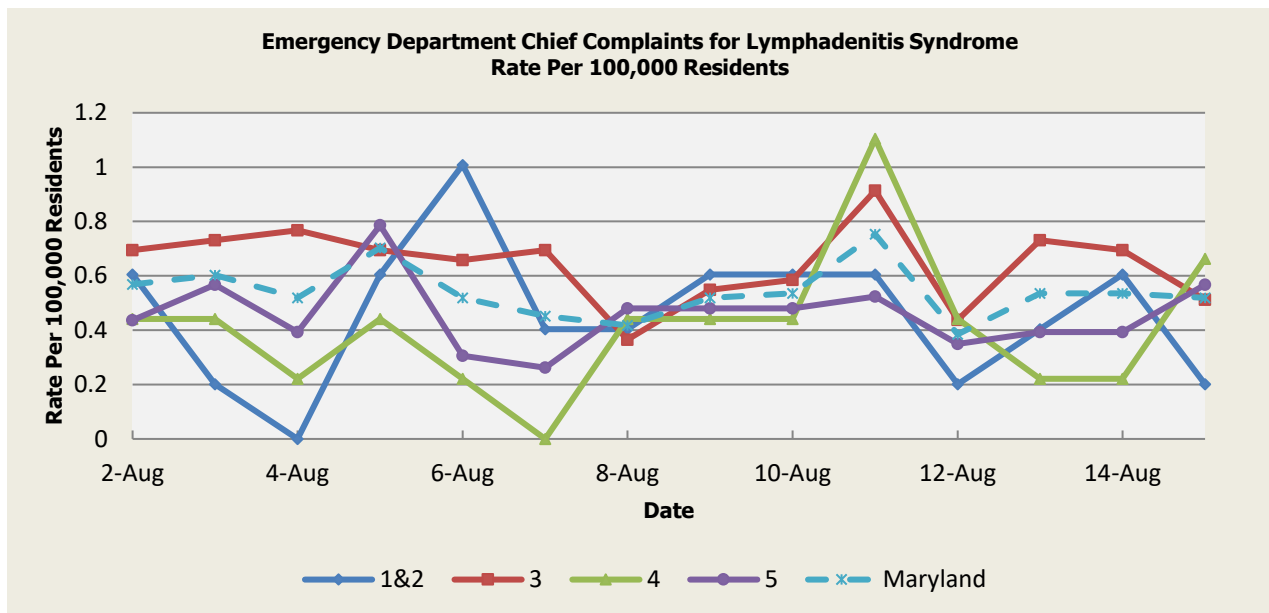
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on, 8/2 (Region 4), 8/6 (Region 4), 8/7 (Region 5), 8/9 (Region 4), 8/10 (Region 1&2, 4), 8/11 (Region 4), 8/12 (Region 5), 8/13 (Region 4), 8/15 (Region 1&2). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.05	0.17	0.04	0.15	0.14
Median Rate*	0.00	0.11	0.00	0.09	0.10

* Per 100,000 Residents

(report continues on next page)

Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on, 8/5 (Region 5), 8/6 (Regions 1&2), 8/11 (Region 4). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.39	0.60	0.40	0.39	0.49
Median Rate*	0.40	0.55	0.44	0.35	0.45

* Per 100,000 Residents

(report continues on next page)

MARYLAND REPORTABLE DISEASE SURVEILLANCE

Coronavirus Disease 2019 (COVID-19) Situation Summary

On March 5th, 2020, the Maryland Department of Health announced the first cases of coronavirus disease 2019 (abbreviated COVID-19) in the State of Maryland.

Confirmed COVID-19 Case Counts in Maryland by County (As of August 21st, 2020)

County	Number of Confirmed Cases
Allegany	365
Anne Arundel	7,861
Baltimore City	13,804
Baltimore County	14,471
Calvert	757
Caroline	472
Carroll	1,632
Cecil	752
Charles	2,234
Dorchester	425
Frederick	3,309
Garrett	61
Harford	2,257
Howard	4,178
Kent	255
Montgomery	19,325
Prince George's	25,197
Queen Anne's	508
Somerset	169
St. Mary's	1,075
Talbot	433
Washington	1,192
Wicomico	1,428
Worcester	739
Total	102,899

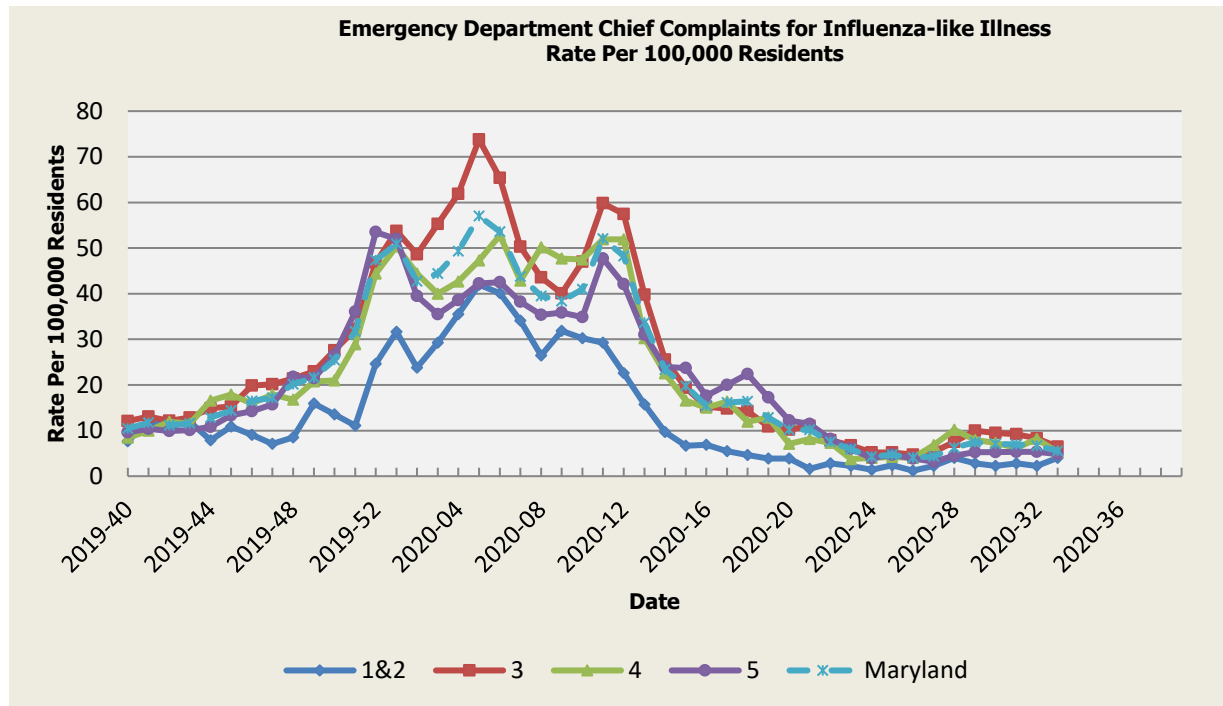
The most up-to-date information may be found on the Maryland Department of Health website at <https://coronavirus.maryland.gov>.

(report continues on next page)

SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2019 through May 2020). **Due to the COVID-19 pandemic, influenza reporting will be extended to the beginning of the 2020-2021 reporting season (MMWR Week 40/Week Ending October 3, 2020).**

Influenza-like Illness

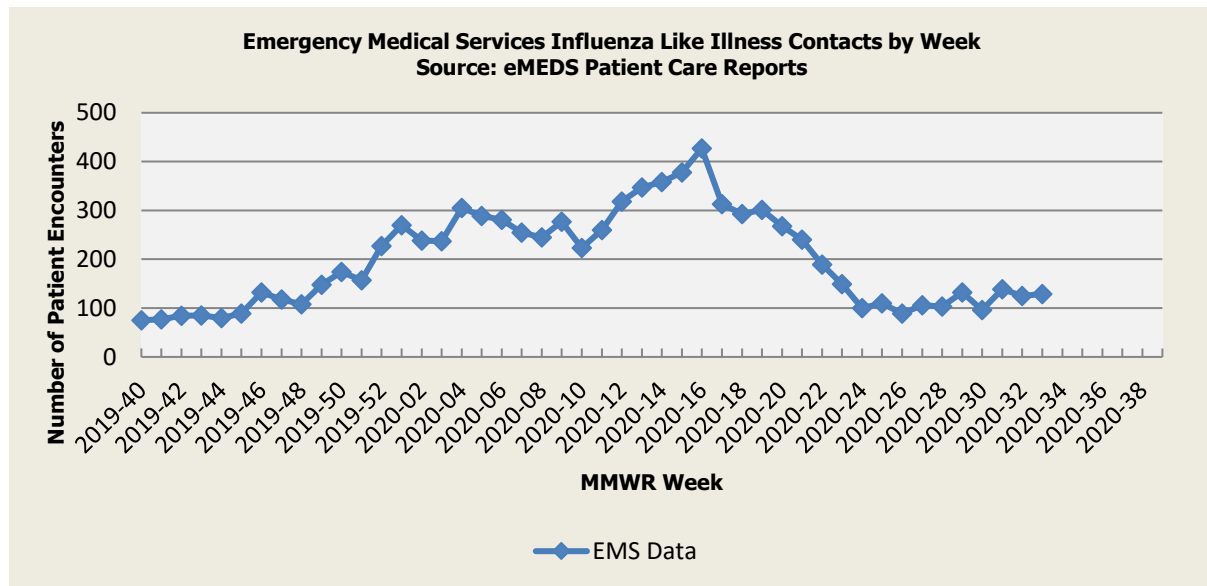


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.40	14.24	13.54	12.03	13.02
Median Rate*	7.66	10.49	9.50	8.95	9.60

* Per 100,000 Residents

(report continues on next page)

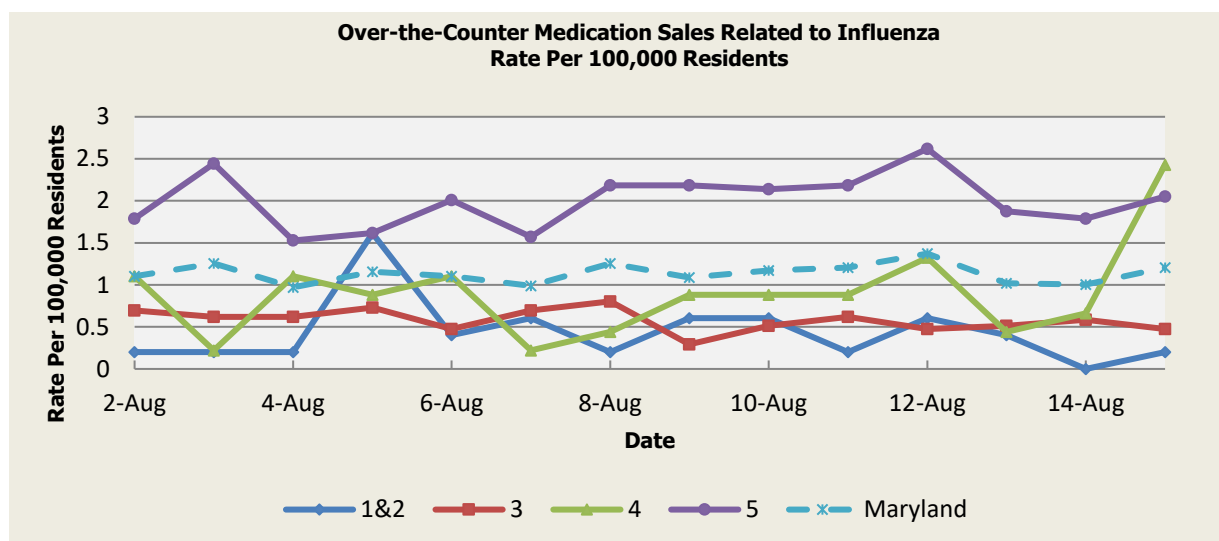
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

(report continues on next page)

Over-the-Counter Influenza-Related Medication Sales



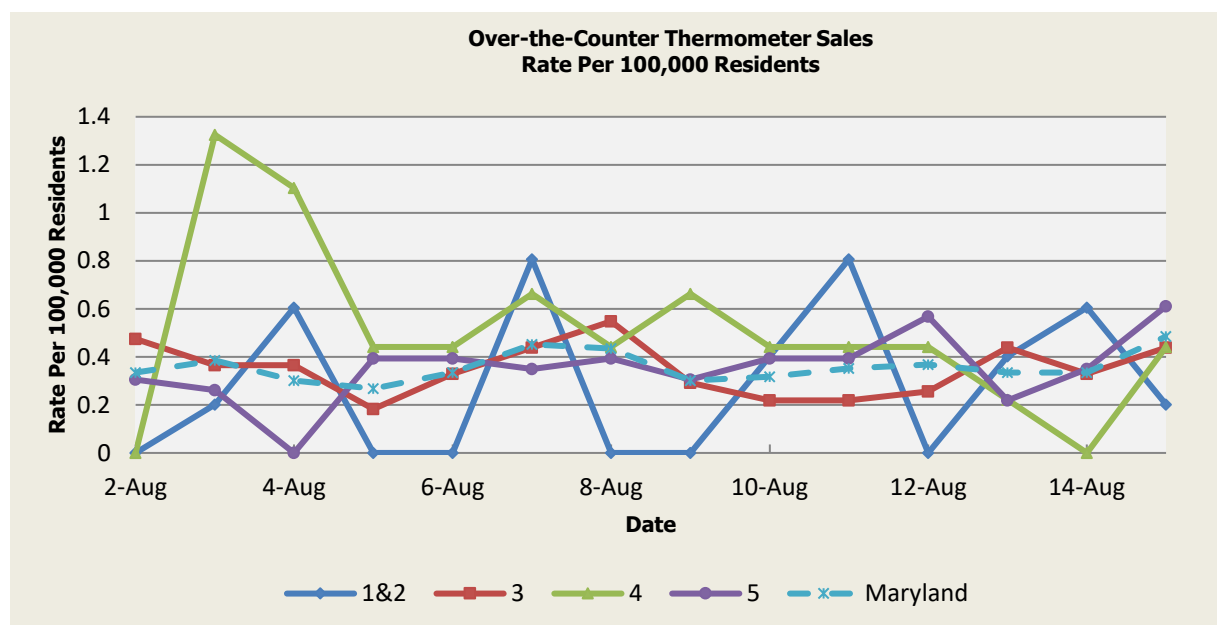
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.32	4.25	2.59	7.59	5.33
Median Rate*	2.62	3.29	2.21	6.85	4.57

* Per 100,000 Residents

(report continues on next page)

Over-the-Counter Thermometer Sales



There was no appreciable increase above baseline in the rate of OTC Thermometer Sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.77	2.63	2.12	3.49	2.93
Median Rate*	2.42	2.56	1.99	3.47	2.94

* Per 100,000 Residents

(report continues on next page)

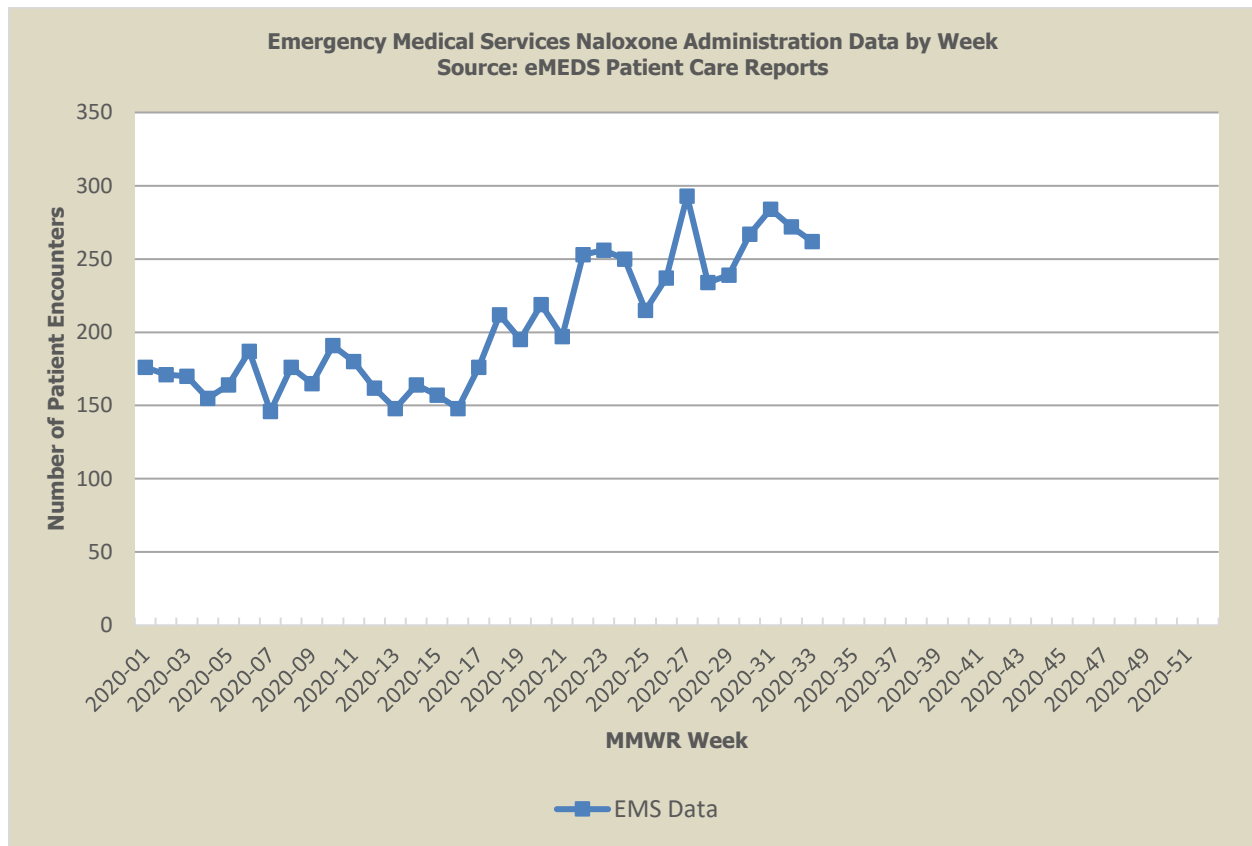
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

(report continues on next page)

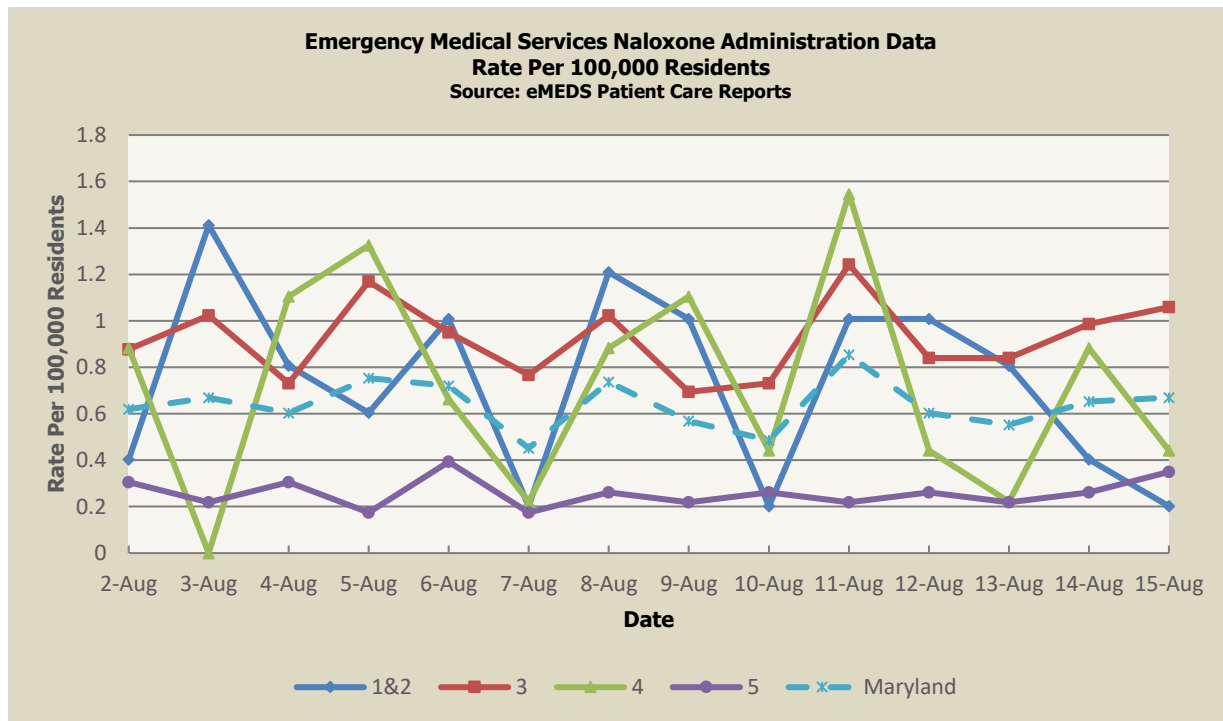
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

(report continues on next page)

Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

(report continues on next page)

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of August 21st, 2020, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

AVIAN INFLUENZA (AUSTRALIA), 16 August 2020, Turkeys at a Lethbridge property have tested positive to a 2nd strain of the avian influenza virus. The birds are on a property within an existing restricted area in the Golden Plains. Read More: <https://promedmail.org/promed-post/?id=7679925>

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

SALMONELLOSIS, SEROTYPE NEWPORT (MULTISTATE), 20 August 2020, The FDA, along with CDC and state and local partners, is investigating a multistate outbreak of _Salmonella_ Enteritidis infections potentially linked to bagged peaches sold at ALDI stores in multiple states. Read More: <https://promedmail.org/promed-post/?id=7698231>

PLAGUE (CALIFORNIA), 18 August 2020, A South Lake Tahoe resident has tested positive for plague according to El Dorado County health officials. Read More: <https://promedmail.org/promed-post/?id=7691613>

PLAGUE (NEW MEXICO), 18 August 2020, ProMED has had 2 recent posts regarding plague, including China Plague - China (03): (NM) and Plague - USA (03): (NM) septicemic. Read More: <https://promedmail.org/promed-post/?id=7689128>

BOTULISM (NEW MEXICO), 18 August 2020, The New Mexico Department of Health (NMDOH) is investigating a suspected case of wound botulism in Bernalillo County. Read More: <https://promedmail.org/promed-post/?id=7689221>

INVASIVE MOSQUITO -(CALIFORNIA), 17 August 2020, The 1st known mosquitoes with the potential to carry such diseases as Zika and yellow fever have been discovered in Shasta County. Read More: <https://promedmail.org/promed-post/?id=7688536>

TUBERCULOSIS (OHIO), 14 August 2020, during 2018-2019, the Ohio Department of Health (ODH) reported 3 cases of multidrug-resistant tuberculosis (MDR TB) [see footnote] in persons who worked in 2 food processing facilities. Read More: <https://promedmail.org/promed-post/?id=7677868>

INTERNATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 UPDATE (368): (GLOBAL), 20 August 2020, The Americas region reported 49.5% of daily case numbers and 49.9% of the daily deaths reported in the past 24 hours. Read More: <https://promedmail.org/promed-post/?id=7698002>

ANTHRAX (TURKEY), 19 August 2020, A neighborhood in northern Turkey was placed under quarantine over suspicion of an anthrax outbreak among livestock. Local authorities declared a quarantine for Yemisli in the Sürmene district of the Black Sea province of Trabzon on Tuesday [18 Aug 2020]. Read More: <https://promedmail.org/promed-post/?id=7696059>

EBOLA UPDATE (DEMOCRATIC REPUBLIC OF CONGO), 19 August 2020, One more Ebola illness and one more death from the virus have been confirmed in the Democratic Republic of the Congo (DRC) Equateur province outbreak, the World Health Organization (WHO) African regional office said on Twitter today [18 Aug 2020]. Read More: <https://promedmail.org/promed-post/?id=7696049>

LEPTOSPIROSIS (ENGLAND), 17 August 2020, A mother has warned of the dangers of wild swimming after her daughter ended up in hospital with a rare infection. Read More: <https://promedmail.org/promed-post/?id=7687245>

WEST NILE VIRUS (EUROPE), 16 August 2020, Between 31 Jul 2020 and 6 Aug 2020, no cases were reported by the EU Member States or the EU neighboring countries. Read More: <https://promedmail.org/promed-post/?id=7665472>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Prepared By:

Office of Preparedness and Response, Maryland Department of Health
300 W. Preston Street, Suite 202, Baltimore, MD 21201
Fax: 410-333-5000

Peter Fotang, MD, MPH
Epidemiologist, Biosurveillance Program
Office: 410-767-8438
Email: Peter.Fotang@maryland.gov

Jennifer Stanley, MPH
Epidemiologist, Biosurveillance Program
Office: 410-767-2074
Email: Jennifer.Stanley@Maryland.gov

Jessica Acharya (Goodell), MPH
Career Epidemiology Field Officer, CDC
Office: 410-767-6745
Email: Jessica.Goodell@maryland.gov

Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

